

BH: \_\_\_\_\_

**NOTICE OF READINESS  
IMPORTANT NOTICE REQUIRING A REPLY!**

Please indicate that you have reviewed the requirements below and are ready for the licensing survey by signing and returning the completed form to the OBHL at:

**ADHS  
Office of Behavioral Health Licensing  
150 N. 18<sup>th</sup> Ave. Suite 410  
Phoenix, AZ 85007-3242**

- ☐ All policies and procedures required by Arizona Administrative Code Chapter 20 have been developed, approved, and implemented. Documentation of the policy approval has been completed and is ready for review.
- ☐ All personnel files are in compliance with R9-20-204, R9-20-205, R9-20-206, R9-20-207, and any other portion of the licensing rules as applicable depending upon agency subclass and service provision. The personnel files are ready for review.
- ☐ All environmental aspects identified in R9-20-214 and R9-20-405, if applicable, and any other portion of the licensing rules as applicable depending upon agency subclass and service provision are in compliance and are ready to be inspected.
- ☐ A mock client file has been developed according to R9-20-211 and any other portion of the licensing rules as applicable depending upon agency subclass and service provision and is ready to be reviewed.

Please provide a date range indicating the Month and the day dates when the agency will be ready for inspection according to the above content areas:

MONTH	MON	TUE	WED	THR	FRI	MON	TUE	WED	THR	FRI

Please provide the name of the person to be contacted to schedule the on-site survey:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date